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STATEMENT OF ORGANIZATION

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(Revised 06/2012)

NAME OF (Check if name Example: If typing, type 12FE4M5 over the lines. COMMITTEE (in full) is changed) ICOMMITTEE TO ELECT, PAUL CLEMENTS BROADWAY AVE ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS PAULCLEMENTS @CHARTERONET (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C00540856 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100